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ABSTRACT

This study focused on a program which was designed and implemented to incorporate paraprofessional "dorm counselors," who provided direct supervision of the adolescents in the residential center, into the diagnostic process. A Behavioral Assessment Training Program was designed to focus on three specific components of behavioral assessment: (1) Observing, Specifying, and Measuring Behavior; (2) Interviewing (Asking Useful Questions); and (3) Report Writing (Conveying Useful Information). Training in these areas included didactic instruction, group discussion, modeling of appropriate skills, and rehearsal of specific behavioral assessment skills. Eleven dorm counselors were assessed on their level of behavioral assessment skills prior to (pre-testing) and immediately following (post-testing) the training program. Results showed that following the training program the dorm counselors were significantly better at observing behaviors, measuring behaviors, interviewing, and writing reports. The counselors also showed improved attitudes towards self skills and colleague skills. The training resulted in more reliable, useful information being provided by the paraprofessional dorm counselors. (Author)

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Evaluation of a Behavioral Assessment Training Program for Paraprofessional Staff of a Diagnostic Center[1]

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[1]Paper presented at the annual meeting of the Association for the Advancement of Behavior Therapy, Atlanta, Georgia, December, 1977.

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Evaluation of a Behavioral Assessment Training Program for Paraprofessional Staff of a Diagnostic Center

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Behavior therapists have clearly demonstrated the usefulness of involving parents, teachers, and other paraprofessionals in the treatment of behavior problems of children and adolescents in a variety of settings (e.g., Blackman and Silberman, 1975; Davison, 1964; Tharp and Wetzel, 1969). Data from direct observation is expected to give more information regarding a client's behavior than personality and abilities tests; however, the data are often of less overall quality (Cone, 1977). This study focuses on the use and training of paraprofessionals as behavioral assessors in a residential diagnostic center. The Arkansas Diagnostic Reception Center provides diagnostic services to adolescents who have been adjudicated delinquent. The adolescents are placed in the center for 7 to 10 days. Traditionally, the adolescents were evaluated by the professional staff on the basis of their performance on psychological tests, educational tests, observations during testing, case history information, and informal consultation with paraprofessional "dorm counselors" who provide the direct supervision of the adolescents. A program was designed and implemented to include the dorm counselors in the diagnostic process. The program goal was to incorporate the direct behavioral observations of the dorm counselors into the diagnostic product in a form usable to the placement centers. Achievement of the goal should be reflected through development of the following skills: (1) ability to observe, specify, and measure behavior; (2) ability to

ask useful questions in an interview, and (3) ability to write reports which yield useful information. An improved attitude toward self skills as well as co-workers' skills as direct service providers was expected.

METHOD

Subjects

All 11 subjects were employees who provided direct supervision of the adolescents in a state residential diagnostic center for juvenile delinquents. Six were women and five were men.

Training Program

The 12 hour Behavioral Assessment Training Program was divided into four sessions. Sessions focused on specific components of behavioral assessment. These components were: (1) Behavioral Observation, Specification, and Measurement; (2) Interviewing (asking useful questions), and (3) Report Writing (conveying useful information). Each participant was given a Behavioral Assessment Handbook which described these components in detail. All training sessions included didactic instruction, group discussion, modeling of appropriate skills, and rehearsal of specific behavioral assessment skills. Group exercises were chosen to develop and practice decision making, problem solving, assertion, listening, and feedback. The following is a brief outline of each session.

Session 1.

Pretesting Behavioral Observation Skills. Didactic instruction from the Behavioral Assessment Handbook. Appropriate vs. Inappropriate behavior. Overview of diagnostic process including Center's policies and procedures.

Diagnostician role of the dorm counselor. Diagnosis vs. treatment. Homework. Discussion.

Session 2.

Specification and measurement of behavior. Learning and reinforcement

theories. Recording observations in Behavior Observation Notebook. Group exercise on Behavior Specification with identification of skills involved in task completion, i.e., time management, observation, listening, feedback. Identification of individual roles within the group. Homework on specification. Discussion.

Session 3.

Interviewing. Modeling of goal-directed interview). Role playing with identification of communication skills. Observation vs. Interpretation. Maintenance of behavioral control. Assertion vs. Aggression. Useful information and report content. Homework of Behavioral Assessment Report. Discussion.

Session 4.

Report Writing. (Homework review with peer feedback). Generation of report outline. Review of program content. Discussion. Post-testing.

Evaluation Instruments.

Each of the 11 dorm counselors was assessed on level of behavioral assessment skills prior to (pre-testing) and immediately following (post-testing) the training program using the following instruments:

Behavioral Observation, Specification, and Measurement Questionnaire: This instrument assessed the dorm counselor's ability to recognize specific, appropriate behavioral descriptions or definitions of behaviors. Subjects were presented with a number of written statements or descriptions, and were asked to indicate which were appropriate, specific behavioral descriptors. The criterion for "completeness and appropriateness" were predetermined by the judgment of independent raters with behavioral assessment skills.

Interviewing Questionnaire (Asking Useful Questions): Dorm counselors were presented with case histories and were instructed to generate a list of

questions that would be useful to ask during a hypothetical interview with the case. Two case histories were employed. Half of the Ss received Case History 1 during pre-testing and Case History 2 during post-testing while the other half received Case History 2 during pre-testing and Case History 1 during post-testing. An independent rater with behavioral assessment skills and no knowledge of the evaluation design computed the number of "useful questions" generated for each case history.

Dorm Counselor Reports (Conveying Useful Information): Report writing skills were assessed by randomly selecting samples of the dorm counselors' reports prior to and following training. These reports were written by the dorm counselors as part of their responsibilities at the Diagnostic Center. The dorm counselor reports were routinely made available to the professional staff ultimately responsible for the diagnostic evaluation. All reports regarded adolescents residing in the center for evaluation. Two raters with behavioral assessment skills independently assessed the usefulness of each report. Each rater, without specific knowledge of the study or group membership, was asked to read each report and rate its usefulness on a scale ranging from 1 (not at all useful) to 5 (extremely useful).

Perception of Competency Scale: This instrument listed 10 specific situations typically encountered in the diagnostic center. The attitudes of the dorm counselors toward their own skills in handling the situations were assessed. Subjects rated their perceived level of "self competency" in each situation on a 5 point scale ranging from 0 (no competence) to 5 (extremely competent). They were also asked to rate the perceived competence of other dorm counselors to handle each of the situations.

RESULTS

Results showed that following the training program, the dorm counselors

were significantly better at specifying behaviors, interviewing, and report writing.

Analyses of the dorm counselors' responses on the Behavioral Observation, Specification, and Measurement Questionnaire showed that on the pre-test, subjects correctly identified 61% of the specific, behavioral descriptors. On the post-test, the subjects were able to correctly identify 77% of the appropriate behavioral descriptors. The improvement noted following training was significant ($t = 3.4$, $< p.01$).

Assessment of the number of useful questions generated on the Interviewing Questionnaire showed that during pre-testing the dorm counselors generated a mean of 2.36 useful questions to ask during a hypothetical interview. Following training, they generated a mean of 5.91 useful questions. This improvement noted following training was also significant ($t = 4.14$, $p < .01$).

To assess report writing skills, two independent raters evaluated the usefulness of the dorm counselors' reports written pre- and post-training. The ratings were made "blind" on a 5 point rating scale ranging from 1 (not at all useful) to 5 (extremely useful). While the raters disagreed as to the overall usefulness of the reports, each rater did judge the reports written following the training to be more useful than those written before training. Rater 1 judged the overall usefulness of the pre-training reports to be 2.38 and the overall usefulness of the post-training reports to be 3.55. This difference was significant ($t = 3.425$, $p < .01$). Rater 2 judged the usefulness of the pre-training reports to be 1.88 and the post-training reports to be 2.3. Again, this difference was significant ($t = 1.82$, $p < .05$).

On the Perception of Competency Scale, before training the dorm counselors rated themselves as having a mean competency score of 4.31 across situations. This was on a 5 point rating scale with 0 being "no competency" and 5 being "extremely competent". Thus, before training, the dorm counselors did perceive

themselves as highly competent. The dorm counselors, before training, also evaluated their colleagues, "other dorm counselors", as having a mean competency rating of 3.82. Following training, subjects perceived their competency to be 4.67 and the competency of their colleagues to be 4.19. Both of the slight increases noted in the perceived competency of self ($t = 3.024$, $p < .01$) and the perceived competency of others ($t = 2.531$, $p < .05$) were significant.

DISCUSSION

This evaluation concluded that training in behavioral assessment can be particularly useful for the staff of residential diagnostic centers. Results showed that following training, the dorm counselors were significantly better at observing, specifying, and measureing behaviors (recognizing adequate behavioral descriptors), interviewing (asking useful questions) and report writing (conveying useful information). Conclusions regarding the improved performance in observing, specifying, and measuring behaviors and interviewing were based on the analyses of improved change scores on paper and pencil questionnaire assessments. Assessment of report writing skills was done by randomly selecting samples of the dorm counselors' reports prior to and following training. Independent raters judged the reports written following training as having significantly more "useful information". This finding was particularly encouraging since it noted improvement in a specific direct service activity of the dorm counselors.

The behavioral assessment training program also appeared to improve the dorm counselors' attitudes toward themselves and their colleagues. However, it should be noted that initially the dorm counselors did perceive themselves as highly competent. They also perceived their colleagues as highly competent, but did perceive themselves as more competent than their colleagues. Even though perceived self competence and colleague competence were relatively high

in the pre-training state, both of these ratings did improve suggesting that such training may enhance self confidence and concept. Such a training program might have even more impact with staffs where competency is initially assessed as being low.

On the basis of this evaluation it was concluded that the training program in behavioral assessment was useful for the paraprofessional staff of the diagnostic center. Following training, more useful information was provided by the dorm counselors, and this hopefully should improve the overall quality of the Center's diagnostic evaluations.

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